

California Assistive Technology Exchange (CATE) AT Reutilization Program – Customer Survey

For CATE Use Only

☐ Data Needed
☐ Data Complete
☐ NISAT Data Entered

Transaction #: _____
(To Be Completed by CBO Staff Only)

CBO Identification (To Be Completed by CBO Staff Only)

<input type="checkbox"/> ATEC	<input type="checkbox"/> CCATC	<input type="checkbox"/> KATC	<input type="checkbox"/> UCP	Staff: _____
<input type="checkbox"/> CALIF	<input type="checkbox"/> FREED	<input type="checkbox"/> SVILC	<input type="checkbox"/> RS	First Name Last Name
<input type="checkbox"/> CART	<input type="checkbox"/> HRC	<input type="checkbox"/> TCILC	<input type="checkbox"/> CRIL	<input type="checkbox"/> ILSNC

Service Provided:

☐ Device Exchange—Received an AT device through a device exchange program.

Date of Service Delivery was Completed: ____ / ____ / ____
MM DD YYYY

Date this form was Received: ____ / ____ / ____
MM DD YYYY

Customer Satisfaction

Please answer the following questions about the services you received from this CBO. We need this information to provide high quality services and to meet the requirements for receiving federal funding. Then put this survey with the equipment when returning AT device.

1. Which of the following best reflects your level of satisfaction with the services you received? (Check Only One Box)

- ☐ Highly Satisfied
- ☐ Satisfied
- ☐ Satisfied Somewhat
- ☐ Not at all Satisfied

2. The primary purpose for which I need (or the person I represent needs) an AT device or service is related to: (Check Only One Box)

- ☐ **Education**—participating in any type of educational program
- ☐ **Community living**—carrying out daily activities, participating in community activities, using community services, or living independently
- ☐ **Employment**—finding or keeping a job; getting a better job; or participating in an employment training program, vocational rehabilitation program, or other program related to employment
- ☐ **Information technology/telecommunications**—using computers, software, Web sites, telephones, office equipment, and media

3. Why did you chose to obtain an AT Device/Service from our program? (Check Only One Box)

- ☐ I could only afford the AT through this program. (I could not afford it through other programs.)
- ☐ The AT was only available to me through this program. (I am not eligible or don't qualify for other programs, the AT is not covered by other funding sources or the specific device I needed is not provided by other programs.)
- ☐ The AT was available to me through other programs, but the system was too complex or the wait time was too long.

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4. How did obtaining this AT device or service improve your life? Please write legible and limit your answer to 500 words or less.
